intervention.

### APPENDIX B FORMS

#### **SAFETY ASSESSMENT Checklist**

Family	Worker	Date
Completed		
<b><u>Definition of Safety</u>:</b> The social we child.	orker perceives no immediate	threat of severe harm to the
Elements underlying safety: THE	REAT HARM SEVERITY V	JIII NERABILITY and
IMMINENCE	Chri, in Mai, 52 v Electri,	OLIVERO IBILITIT, und
SAFETY FACTORS	PROTECTIVE FACTORS	
	That Enable Caretakers t	o Protect:
Caretaker cannot meet child's basic needs for food, clothing and/or safe shelter.	Caretaker can defer his/her own ne in timely, consistent, and effective ma	eds in order to meet the child's needs
One or both caretakers cannot control behavior and/or are violent.		t shows remorse and expresses desire
Child sexual abuse is suspected.	to prevent any future injury to child.	t shows remoise and expresses desire
One or both caretakers perceive Child in predominately negative or unrealistic terms.	Caretaker accepts and demonstrate provide for the well being of the child meeting these needs.	
Injury to child or threat of injury is severe.		o intervene and/or has intervened in
Caretaker(s) lacks knowledge, skill, or motivation to keep the child safe.	past to keep child safe from others.  Caretaker demonstrates control of	negative impulses or personal
Caretaker(s) refuses access to child or there is reason to believe they may flee.	behaviors	negative impulses of personal
Living arrangements seriously endanger	One caretaker can and will protect caretaker.	child from violent behavior or other
physical health of child.  One or both caretakers failed to benefit	One or both caretakers demonstrate child	e healthy emotional bonding with
from previous professional help related to safety issues  Child is 0 to 6 years old.	At least one caretaker perceives ch realistic terms.	ild in predominately positive or
Child cannot protect self due to health or	Caretaker is facilitating access by 0	CPS to child.
disability factors.	Caretaker(s) is receptive to interver	ntion.
Child has exceptional medical or emotional needs that caretaker cannot/will not meet.	Caretaker can identify actions that	are required to prevent harm to child
Child shows serious physical symptoms of maltreatment.	Caretaker has capacity to learn from situation.	m an experience and apply it to a new
Caretaker(s) overtly rejects any	That Decrease Child's Vu	lnerability:

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Action(s) Taken:

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	1
Explanation of child's injury is unconvincing or inconsistentChild is fearful of caretaker(s) or home situationCaretaker(s) whereabouts are unknownParamour or other adult unrelated to child is serving as caretakerCaretaker's alleged/observed substance use may affect his/her ability to protect or care for the childCaretaker's alleged/observed mental illness may affect his/her ability to protect or care for the childCaretaker may be perpetrator or victim of DV to extent that child is at risk of serious, imminent harmCaretaker intended to hurt child and does not show remorse.	Child is over 6 years old and has access to at least one person willing to provide protection  Explanation of child's injury is convincing and consistent Injury to child is not severe or imminent Observation of interactions of the child and the adult are appropriate Living arrangements that endangered physical health of child have beer ameliorated Child with special needs is connected to appropriate services to meet those needs  • That Enable Others to Protect: Paramour or other adult unrelated to child and serving as caretaker expresses strong attachment to the child Child sexual abuse is suspected but uninvolved caretaker is supportive and will protect child Family can meet child's basic needs for food, clothing and/or safe shelter Family member or friend has agreed to take an active part in protection of the child.
	Other Protective Factors:
SAFETY DECISION:   A. Safe	
•	immediate danger of moderate to serious harm.
☐ B. Conditionally Safe	
Safety interventions are in place an SAFETY PLAN)	ad have resolved the Unsafe situation for the present time. (See required
☐ C. Unsafe	
Without controlling intervention(s) removal or court action is required	a child is in immediate danger of moderate to serious harm. Emergency to insure safety of the child(ren).
	*******

## SAFETY ASSESSMENT CHECKLIST INSTRUCTIONS

How to use this form: All valid CPS reports must have a <u>Safety Assessment Checklist</u> on file after the first meaningful contact of the Investigation or Family Assessment. (A copy may be given to the family, but this is not required.) The purpose of the checklist is to provide a quick and consistent method of documenting the initial safety assessment that has been required in all Investigations in Virginia for over a decade.

- 1. The <u>Date Completed</u> of the Initial Assessment is documented in OASIS and must be the date on the form. The checklist is to be completed as soon as possible after receiving a valid report.
- 2. The <u>Definition</u> communicates that the Safety Assessment is about imminent threats of severe harm that need to be controlled in order for the child to be safe now and for the short-term.
- 3. <u>Safety Factors</u> are behaviors or conditions that cause a threat of immediate harm. Any factors identified should be checked. If none are identified, simply check the "Safe" Safety Decision below.
- 4. <u>Protective Factors</u> are behaviors or resources within a family or community that can control the threats of harm, at least for the short-term. If any Safety Factor is checked, there must be a Protective Factor to balance it in order for the child to be deemed Safe or Conditionally Safe.
- 5. One of the <u>Safety Decisions</u> must be checked and must be supported by the items checked in the Safety and Protective Factor columns. If all children in the home are "Safe" no other action is required. If any child in the home is "Conditionally Safe" there must be a Safety Plan. If any child is "Unsafe" a Safety Plan documenting immediate action or a Court Order is required.
- 6. The <u>Actions Taken</u> section can be used to describe activities of the parent or social worker that prevent the need for intervention or precede the initiation of the Safety Plan.
- 7. The form is carbonized so that a copy may be given to the family, but this is not required if it is not in the best interests of the child.

### **SAFETY PLAN**

AGENCY:		DATE:	
PARENT(S)/CARETAKER(S): CHILD(REN):			<u>—</u>
Child Safety Concerns (from the Initi	ial CPS		
Report):			
Initial Assessment of Safety (Based o	on safety issues	identified and any protective fac	— ctors that
address the safety concerns):			
Immediate Needs (Identified by famil	ly and social wo	orker):	
Steps to Be Taken by Caretaker (Act			
Social Worker Plans/Actions:			
Caretaker(s)		Date	
Social Worker	Date		
Others			

## SAFETY PLAN INSTRUCTIONS

How to use this form: This form is intended to be used with the family to determine and document what is needed to keep a child or all the children in the home safe for a limited amount of time. It is designed to be used in conjunction with the Safety Assessment Checklist, and is required to be completed if the Safety Decision is Conditionally Safe or Unsafe. (A court order can substitute for the Plan when the child is deemed Unsafe and court intervention is needed.)

- 1. The first <u>Date</u> should correspond to the Date on the Safety Assessment Checklist.
- 2. The <u>Child Safety Concerns</u> will usually briefly state the allegations in the complaint. However, if the CPS worker immediately identifies other concerns upon first meaningful contact, these should be included here.
- 3. <u>Initial Assessment of Safety provides space to briefly note the primary safety concerns and any balancing protective factors identified on the Safety Assessment Checklist.</u>
- 4. <u>Immediate Needs</u> should relate to <u>needs that must be met in order to keep the children safe</u>, not generic needs that may be expressed by family members and met through a prevention case opening or referral.
- Steps to Be Taken by Caretaker again refers to steps or actions needed to keep the children safe, not a full-blown service plan that may address a multitude of needs and services.
- 6. <u>Social Worker Plans/Actions</u> should list any actions the worker has agreed to take to keep the child(ren) safe. This is also the place to note <u>any consequences</u> the worker must take if the Caretaker does not follow through on agreed upon steps listed in # 5.
- 7. <u>Signature</u> lines are provided so that this form can be an agreement for short-term actions to be taken by all parties to keep the child(ren) safe.
- 8. A\_copy of the <u>form shall be provided</u> to the caretaker and any other parties to the plan. (It has an original and two copies and can be photocopied.)

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# FAMILY NEEDS ASSESSMENT 032-02-035(1/02)

I. IDENTIFYING INFORMATION	
Family Name	Number:
Family Name: Referral Date:	Number:Assessment Date:
Social Worker:	Locality:
II. REASON FOR ASSESSMENT	
III. MAJOR ASSESSMENT FACTORS CHILD(REN) Address at least child's age, development, functioning, tempor of A/N, other significant child-related issues.	erament, relations with caretaker and others, any history
Strengths or Protective Factors:	
outenging of Frotective Factors.	
Services Needs or Interventions:	
Services needs or interventions:	

PARENT/CARETAKER(S)
Address at least parents' physical, emotional and intellectual status, any history of A/N, any DV, any
substance abuse, parenting strengths & concerns, other significant parent-related issues
Strengths or Protective Factors:
Services Needs or Interventions:
ENVIRONMENT
Address living conditions, including the home, neighborhood
Strengths or Protective Factors:
SERVICES NEEDS OR INTERVENTIONS:
SERVICES NEEDS OR INTERVENTIONS:

SUPPORT SYSTEMS
Address formal and informal supports, such as family, neighbors, community organizations and service
providers. Also address resource utilization issues, such as finances, transportation, child care, etc.
Strengths or Protective Factors:
SERVICES NEEDS OR INTERVENTIONS:
IV. RISK ASSESSMENT
CONSIDERING ALL THE IDENTIFIED STRENGTHS AND NEEDS, WHAT IS THE LIKELIHOOD OF PHYSICAL,
EMOTIONAL, OR SEXUAL HARM TO THE CHILD(REN) IN THIS FAMILY? (EXPLAIN AND CHECK THE APPROPRIATE
DEGREE OF RISK BELOW.)
No Reasonably Assessable Risk Child(ren) not in jeopardy; no intervention needed
Moderate Risk
Possible jeopardy; possible change likely to occur with minimal intervention
High Risk
Child(ren) in jeopardy; intervention needed in order for child to be protected from abuse/neglect
Is a plan needed to ensure the protection of one or more children and/or to prevent future abuse/neglect?
If Yes – see Family Service Agreement
If No – Note any referrals or services requested that do not relate to protection of children
,

V. PARENT/CARETAKER PERCEPTIONS OR OPINIONS REGARDING THE FAMILY'S SITUATION, NEEDS & RESOURCES					
HESOCIACES					
VI. PARENT/CARETAKER COLLABORATION					
Check the following as appropriate: Yes No					
FNA discussed/reviewed with caretaker					
Copy of FNA given to caretaker					
Caretaker desires services					
Family Service Agreement attached					
Caretaker declines services					
No services needed					
Parent/Caretaker:	Date:				
Parent/Caretaker:					
Social Worker:	Date:				
Other Person Involved in the Assessment:	Date:				
Other Person Involved in the Assessment: Date:					
Social Work Supervisor: Date:					

## FAMILY NEEDS ASSESSMENT INSTRUCTIONS

<u>How to use this form</u>: This is a form developed by the Virginia Department of Social Services to facilitate the Family Assessment process. Its use is optional, but agencies that choose to

use it should be clear with staff about its purpose. The space for writing is designed for brevity. If the worker will be using the form as a note-taking tool, there is ample space. If the form will be used with the family and signed by participants in the assessment process, the worker will need to give thought as to wording and capturing only the most important points discussed and agreed upon.

#### I. IDENTIFYING INFORMATION

The items in this section are self-explanatory. The Assessment Date should be no later than 45 days (or 60 days if extended) from the Referral Date.

#### II. REASON FOR ASSESSMENT

Summarize the report and any additional information that provides the rationale for completing an assessment with the family.

#### III. ASSESSMENT FACTORS

A comprehensive family assessment should address at least the family's strengths and needs related to the following issues:

- <u>Child(ren)</u>: age and ability to self-protect; presence of any disability or developmental delay; temperament; responsiveness to caretaker(s); prior history of abuse/neglect.
- <u>Parent/caretaker:</u> physical, emotional, and intellectual status; prior history of abuse/neglect; potential for violence; substance abuse or dependency; neglectful acts or omissions, allegations of abuse/neglect.
- <u>Environment:</u> any hazardous living conditions. Domestic violence may be included here or in the Caretaker section.
- Support Systems: informal and formal available or needed; resource utilization.

Information in this section is provided as a <u>result of interviews with and/or observation</u> of the child(ren) in the home, the alleged abuser, other household members and pertinent collaterals.

Describe behaviors, interactions, conditions that increase or decrease the likelihood of abuse or neglect of any or all children in the home, as reported by family or collaterals or observed by the social worker. There is space to record the <u>strengths or protective capacities</u> currently being utilized to protect the child(ren) or that could be mobilized to ensure child safety and enhance family functioning. There is also space to identify any <u>needs for services</u> or other interventions to reduce the risk of abuse or neglect. If no need is identified, Not Applicable (N/A) is acceptable.

The Family Service Agreement will be based on the needs identified. Services and expected results should directly relate to the needs.

#### IV. RISK ASSESSMENT

The decision on risk of future harm should be based on the assessment of individual, family, and other risk factors. Any service planning with and service provision to the family should be based on the needs and resources identified in the overall Family Assessment. The outcome of the Risk Assessment will influence the type and intensity of services to be provided.

#### V. PARENT/CARETAKER PERCEPTIONS OR OPINIONS

The purpose of this section is to provide a description of the caretaker's views and response to the allegations, the assessment, and the proffered services, if any.

#### VI. PARENT/CARETAKER COLLABORATION

This section provides an opportunity to document the caretaker(s)' involvement in the needs assessment. It also provides a place to document the acceptance or refusal of services or that no services appear to be needed at this time.

#### **SIGNATURES**

Since this is an optional form, all the signatures are optional. If the form is used as a base for the Family Service Agreement or to document that the caretaker declined services, signatures of at least the caretaker and worker are needed. The others are provided to be used at the discretion of the agency.

### FAMILY SERVICE AGREEMENT

Family Name: Social Worker: Date Initiated:	Revised:	Case #: Locality: Revised:
C	heck (√) Primary Goal:	
Prevent Abuse/Neglect	` '	e/Strengthen Family
Family Reunification		afety/Protect Child
	oal to Be Achieved	—————
IMMEDIATE NEEDS:		
1.		
2.		
3.		
LONG-TERM NEEDS:		
1.		
2.		
3.		

Who	What	When	Where	Why	

032-02-036 (1/02)

Who	What	When	Where	Why
Comm	ents or other informa	ation:		
	greement will be revio ted earlier by local dep			(date) or sooner if ervice provider.
_ A <u>sta</u>	not a legally binding d tement of mutually ide and the local departme	ntified child ent of social	l and famil	y service needs, agreed to by the
Notic	e to the family of child		ind/Or	needed actions/services to protect
_	d(ren), prevent abuse	•		•
Parent	/Caretaker			Date
Parent/	/Caretaker			Date
Social	Worker			Date
Service	e Provider			Date
Other F	Resource			Date

### FAMILY SERVICE AGREEMENT INSTRUCTIONS

**How to use this form:** This form is required when services are to be provided as a result of a CPS Family Assessment. All parties to the plan should sign and date the agreement and receive a copy of the agreement. This form may be used as a Service Application Form.

Family Name: Complete name of head of household.
CASE NUMBER: OASIS OR LOCALLY ASSIGNED NUMBER
Social Worker: Name of the assigned social worker

**Locality:** Name of the local department of social services

**Check Primary Goal:** Check one goal and write in the anticipated date of

achievement.

#### Immediate and Long-Term Needs:

Although the worker and the family may identify many needs, the worker must assist the family to prioritize so that the family is not overwhelmed. Addressing no more than three short-term and three long-term needs at any given time will enhance the likelihood of a successful outcome.

<u>Immediate needs</u> will describe actions or services needed to keep the child(ren) safe or to address an issue the family has identified as very important to them.

<u>Long-term needs</u> will describe actions or services that cannot be accomplished quickly but are essential to address underlying causative factors, such as drug treatment.

**Who:** Write in the name or initials of the person(s) who is to participate in the

service or action

What: Describe the service or name the service provider

**When:** Note the date the service is to begin

Where: Either write "in home" or give the location where the service will be delivered

**Why:** Describe the expected change or result related to this service

#### **Comments or other information:**

May use this space for any pertinent information needed to expedite the plan, such as transportation arrangements, who to call to set up the service, etc.

#### **Agreement review date:**

Note the date that the worker and family will evaluate the plan - should be no later than three months from the date the plan is initiated.

Check <u>statement</u> when all parties agree to the plan. Check <u>notice</u> when parties cannot agree but a plan is required to protect the child.

CLIENT CASE FILE.

Review period for July - Dec 03 January - June 04 July - Dec.04 Case File Name: \_\_\_\_\_ Referral/Case Number:\_\_\_\_ If this family has more than one child, list children below: Child at Home? Child's name: \_\_\_\_\_ Y\_N\_ Child's name: \_\_\_\_ Y\_N\_ Child's name: \_\_\_\_\_\_ Y \_ N \_ Child's name: \_\_\_\_\_ Y \_ N \_ Child's name: \_\_\_\_\_\_ Y \_ N \_ Child's name: \_\_\_\_\_ Y \_ N \_ This case plan addendum must be completed for the child/children receiving services that provide for the child's safety and well-being and are intended to prevent or eliminate the need for removing the child from his/her home. Complete this addendum every six months. Α. Eligibility of the Child Please check which (if any) of the following are present in the case record: (1) An eligibility determination form which has been completed to establish a child's eligibility under Title IV-E; or (2) Evidence of court proceedings in relation to the removal of the child from the home, in the form of a petition to the court, a court order, or a transcript of the court's proceedings; or \_\_(3) A defined case plan which clearly indicates that, in the absence of effective preventive services, foster care or other out-of-home placement is the only other available option for providing for the child's safety and well being. Complete item B if this option is selected. \_\_(4) Child is not eligible for Title IV-E Pre-Placement Prevention for the following reason(s): B. **Documentation of the Need for Pre-Placement Prevention Services** Identified needs that make the child a reasonable candidate for out of home care and issues to be addressed include: No parent or guardian actually, willing, or able to provide care for said minor The child may be at risk to self or the person or property of others Prior history of police, probation, or social service intervention with minor or immediate family Reported history of runaway or uncontrollable behavior in the home setting Reported history of attendance, behavior, or academic problems in the school setting Deterioration in family and/or peer relationships Indication of substance abuse/chemical dependency by minor and/or parent or guardian History of medical and/or mental health problems within immediate family Other (describe and use reverse if necessary): DETERMINATION OF REASONABLE CANDIDACY IS BASED UPON INFORMATION CONTAINED IN THE

Service Worker Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_

# INTITIAL SCREENING ASSESSMENT **Domestic Violence**

Ask the client:

ls	there a	person	in your	life who	might d	lo any of	the following	g:
----	---------	--------	---------	----------	---------	-----------	---------------	----

	is there a person in your me time in give to any or the terror in gr						
1. PI	nysically hurt you	u or threaten to hurt you or someone else close to you?					
□ Yes	□ No	□ Don't know					
2. C	heck up on you	or follow you?					
□ Yes	□ No	☐ Don't know					
3. M	ake all or most o	lecisions for you?					
□ Yes	□ No	☐ Don't know					
4. W	4. Withhold money for food, clothing, or other needs?						
□ Yes	□ No	☐ Don't know					
5. Te	ell you who you	can see or talk to?					
□ Yes	□ No	☐ Don't know					
6. Te	ell you where you	u can go?					
□ Yes	□ No	☐ Don't know					

If the client answers YES to any of these questions, a referral for a more complete assessment or for domestic violence services is indicated.

#### **AOD SCREENING TOOL**

(CAGE Instrument adapted to include Drugs – CAGEAID)

#### Ask:

- Have you ever felt you ought to cut down on your drinking or drug use?
- Have people annoyed you by criticizing your drinking or drug use?
- Have you felt bad or guilty about your drinking or drug use?
- Have you ever had a drink or used drugs first thing in the morning to steady your nerves or get rid of a hangover or to get the day started?

A "yes" answer to any of these questions indicates the probable need to refer for a more in-depth evaluation of drug and/or alcohol use.